PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number 10 1009, 413

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		ΔP	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS -			020					RATE	FEE	l I	RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	375.00	OB	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			<i>¶p</i> minus 20=		. 0			X\$ 9=	-	OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		* Ø			X42=			X84=	
MU	LTIPLE DEPEN	DENT CLAIM PE	RESENT							OR		
* If	the difference	in column 1 is	less than zero, enter "0" in			olumn 2		+140= TOTAL		OR OR	+280= TOTAL	2550
	Cl	I AIMS AS A	MENDED - PART II					IOIAL		Un	OTHER	
		(Column 1)	(Colur	nn 2)	(Column 3)	<u>.</u>	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total ·	. 17	Minus	2	0	=		X\$ 9=	1	OR	X\$18=	
	independent	NTATION OF MI	Minus	***	CLAIM	-	┨╽	X42=	/ .	OR	X84=	
	TINOT FRESL	INTATION OF MIC	- DETIFIE DEF	CINDEIN	CLAIN		<u>ا</u> ا	+140=		OR	+280 <i>≠</i>	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT FEE	
		(Column 1) (Column 2) (Column 3)							_			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	##		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=]	X42=		OR	X84=	
_	FIRST PRESE	ILTIPLE DEPENDENT CLA				┧╽				.000		
							ı	+140=		OR	+280= TOTAL	
			ADDIT. FEE		OR	ADDIT. FEE						
	100000000000000000000000000000000000000	(Column 1) CLAIMS	1	(Colur		(Column 3)	۱ ـ					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus :	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=] [X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280= TOTAL		
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE										ADDIT. FEE	L	
		nber Previously Pa					er fou	and in the app	propriate box	in co	tumn 1;	٠.

*U.S. Government Printing Office: 2003 - 498-278/69151